State: Illinois Filing Company: ProAssurance Casualty Company

TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0007 Dentists - Oral Surgeons

Product Name: Dental and Oral Surgeon Professional Liability Program

Project Name/Number: Rule Filing/IL-2192-D

Filing at a Glance

Company: ProAssurance Casualty Company

Product Name: Dental and Oral Surgeon Professional Liability Program

State: Illinois

TOI: 11.0 Medical Malpractice - Claims Made/Occurrence

Sub-TOI: 11.0007 Dentists - Oral Surgeons

Filing Type: Rule

Date Submitted: 11/15/2013

SERFF Tr Num: PCWA-129299767

SERFF Status: Closed-Filed

State Tr Num: PCWA-129299767

State Status:

Co Tr Num: IL-2192-D

Effective Date 12/01/2013

Requested (New):

Effective Date 12/01/2013

Requested (Renewal):

Author(s): Judy Shepperd

Reviewer(s): Gayle Neuman (primary), Kathi Frye

Disposition Date: 11/22/2013

Disposition Status: Filed

Effective Date (New): 12/01/2013 Effective Date (Renewal): 12/01/2013

State Filing Description:

State: Illinois Filing Company: ProAssurance Casualty Company

TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0007 Dentists - Oral Surgeons

Product Name: Dental and Oral Surgeon Professional Liability Program

Project Name/Number: Rule Filing/IL-2192-D

General Information

Project Name: Rule Filing Status of Filing in Domicile: Not Filed

Project Number: IL-2192-D Domicile Status Comments:

Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 11/22/2013

State Status Changed: Deemer Date:

Created By: Judy Shepperd Submitted By: Judy Shepperd

Corresponding Filing Tracking Number:

Filing Description:

Please find enclosed for your review the revised Dental Manual - State Supplement - Illinois to be used with our Dentist and Oral Surgeon Professional Liability Program. I request the effective date of December 1, 2013 for this filing submission. We discovered a typographical error in item 17. Partnership Corporation Professional Association Coverage Rating Factors. The factor for limit of liability \$200,000/\$600,000 for 50 or more insureds was incorrectly typed as 10.8 and it should be 1.08. No policies have been issued using the factor.

Please contact me if you have any questions during the review process.

Company and Contact

Filing Contact Information

Judy Shepperd, Senior Compliance jshepperd@picagroup.com

Specialist

3000 Meridian Boulevard 615-371-8776 [Phone] 2984 [Ext]

Suite 400

Franklin, TN 37067

Filing Company Information

ProAssurance Casualty Company CoCode: 38954 State of Domicile: Michigan 100 Brookwood Place Group Code: 2698 Company Type: Property &

Birmingham, AL 35209 Group Name: ProAssurance Casualty

(205) 877-4426 ext. [Phone] FEIN Number: 38-2317569 State ID Number: 12

Filing Fees

Fee Required? No Retaliatory? No

Fee Explanation:

State Specific

State: Illinois Filing Company: ProAssurance Casualty Company

TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0007 Dentists - Oral Surgeons

Product Name: Dental and Oral Surgeon Professional Liability Program

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Refer to our checklists prior to submitting filing (http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp).: Acknowledged

Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: Acknowledged

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABLITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc.:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp .: N/A

Medical Malpractice rates/rules may now be submitted using SERFF effective January 1, 2012.: Acknowledged The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.": N/A When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: N/A

 State:
 Illinois
 Filing Company:
 ProAssurance Casualty Company

TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0007 Dentists - Oral Surgeons

Product Name: Dental and Oral Surgeon Professional Liability Program

Project Name/Number: Rule Filing/IL-2192-D

Correspondence Summary

Dispositions

Status	s Created By	Created 0	On Date Sul	omitted
Filed	Kathi Frye	11/22/201	3 11/22/20	13

State: Illinois Filing Company: ProAssurance Casualty Company

TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0007 Dentists - Oral Surgeons

Product Name: Dental and Oral Surgeon Professional Liability Program

Project Name/Number: Rule Filing/IL-2192-D

Disposition

Disposition Date: 11/22/2013 Effective Date (New): 12/01/2013 Effective Date (Renewal): 12/01/2013

Status: Filed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Certification		Yes
Supporting Document	Request to Maintain Data as Trade Secret Information		Yes
Supporting Document	Manual		Yes
Supporting Document	Markup Manual Comparison		Yes
Rate	Dental Manual - State Supplement - Illinois, pages 1-20		Yes

 SERFF Tracking #:
 PCWA-129299767
 State Tracking #:
 PCWA-129299767
 Company Tracking #:
 IL-2192-D

State: Illinois Filing Company: ProAssurance Casualty Company

TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0007 Dentists - Oral Surgeons

Product Name: Dental and Oral Surgeon Professional Liability Program

Project Name/Number: Rule Filing/IL-2192-D

Rate/Rule Schedule

Item	Schedule Item				Previous State	
No.	Status	Exhibit Name	Rule # or Page #	Rate Action	Filing Number	Attachments
1		Dental Manual - State Supplement - Illinois, pages 1-20	PRA-DOS.IL 12 13 (11-15- 2013)	Replacement	PCWA-129175989	Dental Manual State Supplement - Illinois 12 13 (11-15-2013).pdf



SUPPLEMENT TO DENTISTS AND ORAL SURGEONS UNDERWRITING RULES MANUAL

STATE OF ILLINOIS

STATE RATES SECTION STATE OF ILLINOIS

1. RATE TABLES

The following rate tables are based on limits selected per Claim and Policy Aggregate limits of liability. Classifications are also included as indicated in Section 5, Dental Professional Liability Specialty Codes and Descriptions of the Countrywide Manual, for Dental Specialty Classification and Sedation and Anesthesia. Rate table codes combine both the Class and Specialty.

Example C1_S01 represents a Class 1 dentist who is practicing as a General Dentist

Claims-Made Rates by Year

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

\$100,000 / \$300,000

Class					
Code	1	2	3	4	<u>5+</u>
C1_S01	510	771	945	1,084	1,224
C1_S02	510	771	945	1,084	1,224
C1_S03	510	771	945	1,084	1,224
C1_S04	510	771	945	1,084	1,224
C1_S05	510	771	945	1,084	1,224
C1_S06	510	771	945	1,084	1,224
C1_S07	510	771	945	1,084	1,224
C2_S01	587	909	1,123	1,284	1,446
C2_S02	587	909	1,123	1,284	1,446
C2_S03	587	909	1,123	1,284	1,446
C2_S04	587	909	1,123	1,284	1,446
C2_S05	587	909	1,123	1,284	1,446
C2_S06	587	909	1,123	1,284	1,446
C2_S07	587	909	1,123	1,284	1,446
C3_S08	1,298	2,167	2,746	3,111	3,475
C3_S09	1,298	2,167	2,746	3,111	3,475
C4_S10	2,086	3,564	4,549	5,139	5,729
C5_S10	2,242	3,839	4,904	5,538	6,172

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

\$200,000 / \$600,000

Class					
Code	1	2	3	4	<u>5+</u>
C1_S01	544	831	1,022	1,171	1,320
C1_S02	544	831	1,022	1,171	1,320
C1_S03	544	831	1,022	1,171	1,320
C1_S04	544	831	1,022	1,171	1,320
C1_S05	544	831	1,022	1,171	1,320
C1_S06	544	831	1,022	1,171	1,320
C1_S07	544	831	1,022	1,171	1,320
C2_S01	629	982	1,218	1,391	1,565
C2_S02	629	982	1,218	1,391	1,565
C2_S03	629	982	1,218	1,391	1,565
C2_S04	629	982	1,218	1,391	1,565
C2_S05	629	982	1,218	1,391	1,565
C2_S06	629	982	1,218	1,391	1,565
C2_S07	629	982	1,218	1,391	1,565
C3_S08	1,410	2,366	3,003	3,400	3,797
C3_S09	1,410	2,366	3,003	3,400	3,797
C3_507	1,410	2,300	3,003	3,400	3,171
C4_S10	2,278	3,903	4,986	5,631	6,276
C5_S10	2,449	4,206	5,377	6,070	6,764

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

\$250,000 / \$750,000

Class		. , , .	,		
Code	1	2	3	4	<u>5+</u>
C1_S01	565	868	1,070	1,226	1,381
C1_S02	565	868	1,070	1,226	1,381
C1_S03	565	868	1,070	1,226	1,381
C1_S04	565	868	1,070	1,226	1,381
C1_S05	565	868	1,070	1,226	1,381
C1_S06	565	868	1,070	1,226	1,381
C1_S07	565	868	1,070	1,226	1,381
C2_S01	655	1,028	1,277	1,458	1,639
C2_S02	655	1,028	1,277	1,458	1,639
C2_S03	655	1,028	1,277	1,458	1,639
C2_S04	655	1,028	1,277	1,458	1,639
C2_S05	655	1,028	1,277	1,458	1,639
C2_S06	655	1,028	1,277	1,458	1,639
C2_S07	655	1,028	1,277	1,458	1,639
C3_S08	1,481	2,491	3,164	3,581	3,998
C3_S09	1,481	2,491	3,164	3,581	3,998
C4_S10	2,398	4,115	5,260	5,939	6,618
C5_S10	2,578	4,435	5,673	6,403	7,133

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

\$500,000 / \$1,500,000

Class			,		
Code	1	2	3	4	5+
C1_S01	621	968	1,200	1,371	1,543
C1_S02	621	968	1,200	1,371	1,543
C1_S03	621	968	1,200	1,371	1,543
C1_S04	621	968	1,200	1,371	1,543
C1_S05	621	968	1,200	1,371	1,543
C1_S06	621	968	1,200	1,371	1,543
C1_S07	621	968	1,200	1,371	1,543
C2_S01	725	1,152	1,436	1,637	1,838
C2_S02	725	1,152	1,436	1,637	1,838
C2_S03	725	1,152	1,436	1,637	1,838
C2_S04	725	1,152	1,436	1,637	1,838
C2_S05	725	1,152	1,436	1,637	1,838
C2_S06	725	1,152	1,436	1,637	1,838
C2_S07	725	1,152	1,436	1,637	1,838
C3_S08	1,669	2,825	3,595	4,066	4,537
C3_S09	1,669	2,825	3,595	4,066	4,537
C4_S10	2,718	4,683	5,993	6,764	7,534
C5_S10	2,925	5,049	6,465	7,295	8,124

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

\$1,000,000 / \$3,000,000

Class					
Code		1	2 3	4	5+
C1_S01	696	1,100	1,370	1,563	1,755
C1_S02	696	1,100	1,370	1,563	1,755
C1_S03	696	1,100	1,370	1,563	1,755
C1_S04	696	1,100	1,370	1,563	1,755
C1_S05	696	1,100	1,370	1,563	1,755
C1_S06	696	1,100	1,370	1,563	1,755
C1_S07	696	1,100	1,370	1,563	1,755
C2_S01	816	1,314	1,646	1,873	2,100
C2_S02	816	1,314	1,646	1,873	2,100
C2_S03	816	1,314	1,646	1,873	2,100
C2_S04	816	1,314	1,646	1,873	2,100
C2_S05	816	1,314	1,646	1,873	2,100
C2_S06	816	1,314	1,646	1,873	2,100
C2_S07	816	1,314	1,646	1,873	2,100
C3_S08	1,917	3,264	4,162	4,703	5,245
C3_S09	1,917	3,264	4,162	4,703	5,245
C4_S10	3,140	5,429	6,956	7,847	8,738
C5_S10	3,380	5,856	7,506	8,466	9,426

Territory 2 – Remainder of State

\$100,000 / \$300,000

Class					
Code	1	2	3	4	<u>5+</u>
C1_S01	432	632	766	883	1,001
C1_S02	432	632	766	883	1,001
C1_S03	432	632	766	883	1,001
C1_S04	432	632	766	883	1,001
C1_S05	432	632	766	883	1,001
C1_S06	432	632	766	883	1,001
C1_S07	432	632	766	883	1,001
C2_S01	491	738	903	1,037	1,172
C2_S02	491	738	903	1,037	1,172
C2_S03	491	738	903	1,037	1,172
C2_S04	491	738	903	1,037	1,172
C2_S05	491	738	903	1,037	1,172
C2_S06	491	738	903	1,037	1,172
C2_S07	491	738	903	1,037	1,172
C3_S08	1,038	1,706	2,152	2,442	2,733
C3_S09	1,038	1,706	2,152	2,442	2,733
C4_S10	1,644	2,781	3,538	4,002	4,466
C5_S10	1,764	2,992	3,811	4,309	4,807

Territory 2 – Remainder of State

\$200,000 / \$600,000

Class		. , , .	,		
Code	1	2	3	4	5+
C1_S01	458	678	826	950	1,075
C1_S01 C1_S02	458	678	826	950 950	1,075
-					*
C1_S03	458	678	826	950	1,075
C1_S04	458	678	826	950	1,075
C1_S05	458	678	826	950	1,075
C1_S06	458	678	826	950	1,075
C1_S07	458	678	826	950	1,075
C2_S01	523	795	976	1,120	1,263
C2_S02	523	795	976	1,120	1,263
C2_S03	523	795	976	1,120	1,263
C2_S04	523	795	976	1,120	1,263
C2_S05	523	795	976	1,120	1,263
C2_S06	523	795	976	1,120	1,263
C2_S07	523	795	976	1,120	1,263
C3_S08	1,124	1,860	2,350	2,665	2,980
C3_S09	1,124	1,860	2,350	2,665	2,980
C4_S10	1,792	3,042	3,875	4,381	4,887
C5_S10	1,923	3,275	4,176	4,719	5,262

Territory 2 – Remainder of State

\$250,000 / \$750,000

Class		,	,		
Code	1	2	3	4	<u>5+</u>
C1_S01	474	707	863	992	1,121
C1_S02	474	707	863	992	1,121
C1_S03	474	707	863	992	1,121
C1_S04	474	707	863	992	1,121
C1_S05	474	707	863	992	1,121
C1_S06	474	707	863	992	1,121
C1_S07	474	707	863	992	1,121
C2_S01	543	831	1,022	1,171	1,320
C2_S02	543	831	1,022	1,171	1,320
C2_S03	543	831	1,022	1,171	1,320
C2_S04	543	831	1,022	1,171	1,320
C2_S05	543	831	1,022	1,171	1,320
C2_S06	543	831	1,022	1,171	1,320
C2_S07	543	831	1,022	1,171	1,320
C3_S08	1,179	1,956	2,474	2,804	3,135
C3_S09	1,179	1,956	2,474	2,804	3,135
C4_S10	1,884	3,205	4,086	4,618	5,150
C5_S10	2,023	3,451	4,403	4,975	5,547

Territory 2 – Remainder of State

\$500,000 / \$1,500,000

Class					
Code	1	2	3	4	5+
C1_S01	517	785	963	1,104	1,246
C1_S01 C1_S02	517	785	963	1,104	1,246
-	517	785 785	963	*	
C1_S03				1,104	1,246
C1_S04	517	785	963	1,104	1,246
C1_S05	517	785	963	1,104	1,246
C1_S06	517	785	963	1,104	1,246
C1_S07	517	785	963	1,104	1,246
GO G O4	505	004	4.4.5	1.200	1 450
C2_S01	597	926	1,145	1,309	1,473
C2_S02	597	926	1,145	1,309	1,473
C2_S03	597	926	1,145	1,309	1,473
C2_S04	597	926	1,145	1,309	1,473
C2_S05	597	926	1,145	1,309	1,473
C2_S06	597	926	1,145	1,309	1,473
C2_S07	597	926	1,145	1,309	1,473
G2 G 00	1.004	2.212	2.005	2.455	2.7.10
C3_S08	1,324	2,213	2,805	3,177	3,549
C3_S09	1,324	2,213	2,805	3,177	3,549
C4_S10	2,131	3,642	4,650	5,252	5,855
C5_S10	2,289	3,923	5,013	5,661	6,309

Territory 2 – Remainder of State

\$1,000,000 / \$3,000,000

Class					
Code		1	2 3	4	5+
C1_S01	575	886	1,093	1,252	1,410
C1_S02	575	886	1,093	1,252	1,410
C1_S03	575	886	1,093	1,252	1,410
C1_S04	575	886	1,093	1,252	1,410
C1_S05	575	886	1,093	1,252	1,410
C1_S06	575	886	1,093	1,252	1,410
C1_S07	575	886	1,093	1,252	1,410
C2_S01	668	1,050	1,305	1,490	1,675
C2_S01 C2_S02	668	1,050	1,305	1,490	1,675
C2_S03	668	1,050	1,305	1,490	1,675
C2_S04	668	1,050	1,305	1,490	1,675
C2_S05	668	1,050	1,305	1,490	1,675
C2_S06	668	1,050	1,305	1,490	1,675
C2_S07	668	1,050	1,305	1,490	1,675
C3_S08	1,514	2,550	3,241	3,667	4,094
C3_S09	1,514	2,550	3,241	3,667	4,094
C4_S10	2,455	4,216	5,390	6,086	6,781
C5_S10	2,640	4,544	5,814	6,562	7,310

Extended Reporting Period Endorsement (Tail Coverage)

Extended Reporting Period (Tail) Factors By Month

Claims-Made Year

	1	2	3	4	5	6	7	8	9	10	11	12
1	0.150	0.230	0.310	0.380	0.450	0.520	0.590	0.660	0.730	0.800	0.870	0.940
2	1.010	1.080	1.150	1.220	1.280	1.340	1.400	1.460	1.520	1.580	1.640	1.700
3	1.730	1.760	1.790	1.820	1.850	1.880	1.900	1.920	1.940	1.960	1.980	2.000
4	2.030	2.067	2.100	2.133	2.167	2.200	2.233	2.267	2.300	2.333	2.367	2.400
5	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400

Example: An insured who has a third year claims-made policy and decides to cancel after three months have elapsed would purchase tail coverage at the year 3, three month factor (1.790), times the mature claims-made annual rate in effect at policy issuance. For claims-made year 5 and over the 2.400 factor applies.

Occurrence Rates

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

Class						
Code	\$100,000/\$300,000	\$200,000/\$600,000	\$250,000/\$750,000	\$500,000/\$1,500,000	\$1,000,000/\$3,000,000	
C1_S01	1,346	1,452	1,519	1,697	1,931	
C1_S02	1,346	1,452	1,519	1,697	1,931	
C1_S03	1,346	1,452	1,519	1,697	1,931	
C1_S04	1,346	1,452	1,519	1,697	1,931	
C1_S05	1,346	1,452	1,519	1,697	1,931	
C1_S06	1,346	1,452	1,519	1,697	1,931	
C1_S07	1,346	1,452	1,519	1,697	1,931	
C2_S01	1,591	1,722	1,803	2,022	2,310	
C2_S02	1,591	1,722	1,803	2,022	2,310	
C2_S03	1,591	1,722	1,803	2,022	2,310	
C2_S04	1,591	1,722	1,803	2,022	2,310	
C2_S05	1,591	1,722	1,803	2,022	2,310	
C2_S06	1,591	1,722	1,803	2,022	2,310	
C2_S07	1,591	1,722	1,803	2,022	2,310	
C3_S08	3,823	4,177	4,398	4,991	5,770	
C3_S09	3,823	4,177	4,398	4,991	5,770	
C4_S10	6,302	6,904	7,280	8,287	9,612	
C5_S10	6,789	7,440	7,846	8,936	10,369	

Occurrence Rates (continued)

Territory 2 – Remainder of State

Class					
Code	\$100,000/\$300,000	\$200,000/\$600,000	\$250,000/\$750,000	\$500,000/\$1,500,000	\$1,000,000/\$3,000,000
C1_S01	1,101	1,183	1,233	1,371	1,551
C1_S02	1,101	1,183	1,233	1,371	1,551
C1_S03	1,101	1,183	1,233	1,371	1,551
C1_S04	1,101	1,183	1,233	1,371	1,551
C1_S05	1,101	1,183	1,233	1,371	1,551
C1_S06	1,101	1,183	1,233	1,371	1,551
C1_S07	1,101	1,183	1,233	1,371	1,551
C2_S01	1,289	1,389	1,452	1,620	1,843
C2_S02	1,289	1,389	1,452	1,620	1,843
C2_S03	1,289	1,389	1,452	1,620	1,843
C2_S04	1,289	1,389	1,452	1,620	1,843
C2_S05	1,289	1,389	1,452	1,620	1,843
C2_S06	1,289	1,389	1,452	1,620	1,843
C2_S07	1,289	1,389	1,452	1,620	1,843
C3_S08	3,006	3,278	3,449	3,904	4,503
C3_S09	3,006	3,278	3,449	3,904	4,503
C4_S10	4,913	5,376	5,665	6,441	7,459
C5_S10	5,288	5,788	6,102	6,940	8,041

2. SEDATION AND ANESTHESIA DESCRIPTION CODE

Sedation and Anesthesia Code and Factors

Specialist Code	Codes 01 & 2	<u>Code 03</u>	<u>Code 04</u>
01 General Dentist	1.000	1.075	1.200
02 Board Eligible or Board Certified General Dentis	st 1.000	1.050	1.100
03 Periodontists	1.000	1.050	1.100
04 Prosthodontist	1.000	1.050	1.100
05 Endodontist	1.000	1.050	1.100
06 Orthodontist	1.000	1.050	1.100
07 Pediatric Dentist	1.000	1.025	1.050
08 Oral Pathologist	1.000	1.000	1.000
09 Oral Radiologist	1.000	1.000	1.000
10 Oral and Maxillofacial Surgeon	1.000	1.000	1.000

3. EXTRA ORAL NON-SURGICAL COSMETIC PROCEDURES FACTOR

Class Plan Classification	Factor
Class 1, 2 and 3	1.27
Class 4 and 5	1.15

4. MINIMUM PREMIUMS

Limit of Liability	Minimum Premium
\$100,000/\$ 300,000	\$425
\$200,000/\$ 600,000	\$485
\$250,000/\$750,000	\$505
\$500,000/\$1,500,000	\$565
\$1,000,000/\$3,000,000	\$663
Excess Limits	
Each Additional Excess Limit Increment of \$1,000,000	\$100

5. EXCESS LIMITS FACTORS (Applies to \$1M/\$3M Primary Limit Premium)

Excess Limit	<u>Factor</u>
\$1,000,000	0.0480
\$2,000,000	0.0960
\$3,000,000	0.1450
\$4,000,000	0.1935
\$5,000,000	0.2225

6. ANNUAL PREMIUM PAYMENT DISCOUNT

Factor

7. PART TIME DENTIST, SEMI-RETIRED AND MOONLIGHTING DISCOUNT FACTOR

Number of Hours in Practice	Factor
20 hours or less per week	0.50
21 hours or more per week	1.00

8. ADDITIONAL INSUREDS PREMIUM CHARGE FACTOR

10% Premium Charge	Factor
(each additional insured)	
	1.10

9. NEW DENTIST DISCOUNT FACTORS

Years in Practice	Factor
First Year	0.50
Second and Third Year	0.75

10. FACULTY DISCOUNT FACTORS

Appointment Status	Factor
Full-Time	0.70
Half-Time	0.80
Part-Time	0.90
Zero-Time	1.00

11. ASSOCIATION AND MEMBERSHIP CREDIT

Membership/Association	Factor
ADA Member AGD Member AGD Fellowship AGD Mastership	0.975 0.95 0.90 0.85

12. RISK MANAGEMENT EDUCATION FACTOR <u>Factor</u>

0.95

13. LONGEVITY CREDIT

	<u>Factor</u>
Year 1	1.00
Year 2	1.00
Year 2	1.00
Year 4	1.00
Year 5	0.99
Year 6	0.99
Year 7	0.98
Year 8	0.97
Year 9	0.96
Year 10 and Greater	0.95
14. WAIVER OF CONSENT TO SETTLE DISCOUNT	Factor

15. SCHEDULED RATING PROGRAM

	Range of Modi	fications
	<u>Credits</u>	<u>Debits</u>
Operational controls and procedure mix, such as but not limited to mandatory referrals for extractions, use of consent forms, internal documentation practices, implant procedures and laser use, and extraction of impacted third molars.	-10%	+10%
Practice Characteristics, such as but not limited to single verses multiple locations, degree of severity presented by area of specialization, volume of patient traffic, number of years of patient experience.	-10%	+10%
Loss Control procedures, such as but not limited to training and retraining of all employees on the safest way to do their job; promoting safety awareness; conducting frequent safety inspections of all work areas; having an office safety program using proper sterilization techniques to ensure environmental is free from the possibility of contamination from blood-born pathogens.		+10%
Claim peculiarities, such as but not limited to who was responsible for the loss (Insured Dentist, Employee of Insured Dentists, Partner, Independent Contractor- this is for the respondeat superior or indemnity exposures); frequency or lack of administrative actions such as peer review, office of professional discipline or dental board complaints; frequency or lack of claims for return of fees.		+10%

0.90

16. DEDUCTIBLE OPTIONS

Deductible	Factor		
\$0	1.00		
\$1,000	0.95		
\$2,500	0.90		
\$5,000	0.81		
\$10,000	0.70		

17. PARTNERSHIP CORPORATION PROFESSIONAL ASSOCIATION COVERAGE RATING FACTORS

Limit of Liability Number of Insureds

	<u>2-5</u>	<u>6-9</u>	<u>10-19</u>	<u>20-49</u>	50 or More
\$100,000/\$ 300,000	1.23	1.21	1.17	1.13	1.10
\$200,000/\$ 600,000	1.20	1.19	1.15	1.11	1.08
\$250,000/\$ 750,000	1.18	1.17	1.13	1.09	1.07
\$500,000/\$1,500,000	1.10	1.10	1.09	1.07	1.05
\$1,000,000/\$3,000,000	1.10	1.10	1.09	1.07	1.05

Rating factors apply to dentists insured by the company. For each dentist or oral surgeon not insured by the company the rating factor will be two times the rating factor for insured dentists.

Example: In a group practice of five dentists where the company insures three of the dentist the premium will be calculated by applying a rating factor of 1.10 (10% charge) to the sum of premium for those insured dentists plus the premium calculated by applying a rating factor of 1.20 (20% charge) to the sum of the premium for dentists not insured by the company. The premium used for dentists not insured by the company will determined by using the rates for the dental specialty if insured by the company.

18. LOSS EXPERIENCE PROGRAM

A. Loss Free Discount

Years Claim Free	<u>Factor</u>
10 + years claim free	0.90
9 years claim free	0.91
8 years claim free	0.92
7 years claim free	0.93
6 years claim free	0.94
5 years claim free	0.95
4 years claim free	0.96
3 years claim free	0.97
2 years claim free	0.98
1 year claim free	0.99

B. Loss Experience Debit

Chargeable Loss	1 loss	<u>2 loss</u>	<u>3 loss</u>	<u>4 loss</u>
\$0 - \$3,000	1.05	1.10	1.15	1.20
\$3,001 - \$10,000	1.10	1.15	1.20	1.25
\$10,001 - \$20,000	1.15	1.20	1.25	1.30
\$20,001 - \$30,000	1.20	1.25	1.30	1.35
\$30,001 - \$40,000	1.25	1.30	1.35	1.40
\$40,001 +	1.30	1.35	1.40	1.50

19. PRACTICEGUARD® FOR DENTISTS

	<u>Premium Charge</u>
Automatic Coverage	\$78
Optional Coverage	\$104

20. BOARD EXAMINATION AND INTERVIEW COVERAGE PREMIUM CHARGE

Premium Charge

\$30

21. SUSPENSION OF COVERAGE

95% Premium Discount	Factor
	0.05

22. CONTRACTUAL LIABILITY FACTOR

5 % Premium Charge	<u>Factor</u>
(each insured contract)	
	1.05

STATE RULES AND EXCEPTIONS STATE OF ILLINOIS

- 1. Section 1, Introduction, Item I, Rates and Premium Calculations, paragraph C Non-Standard Risks is replaced as follows:
 - C. <u>Non-Standard Risks</u>: Individuals rejected for standard coverage by the Company may be individually considered for coverage at an additional premium charge or other applicable coverage conditions and limitations on an individually agreed, individual risk filing basis.
- 2. Section 1, Introduction, Item I, Rates and Premium Calculations, paragraph E Net of Commission Rule is hereby deleted.
- 3. Section 1, Introduction, Item 3, Cancellations, paragraph C is replaced as follows:
 - C. <u>Removal from the State</u>: Subject to state provisions, the policy may be canceled by the Company after the insured no longer maintains at least 75% of his/her dental practice within the state of issuance, subject to proper notice.
- 4. Item III, Quarterly Installment Options, is hereby added to Section 1, Introduction, as follows:

III. QUARTERLY INSTALLMENT OPTIONS

- 1. Quarterly Installment Option One
 - a. A minimum initial deposit required, which shall be 40 percent of the estimated total premium due at policy inception;
 - b. The remaining premium spread equally among the second, third and fourth installments at 20 percent of the estimated total premium, and due 3, 6 and 9 months from policy inception, respectively;
 - c. No interest or installment charges;
 - d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction; and
 - e. The installment plan will be limited to insureds whose premium exceeds \$500.00 per year.
- 2. Quarterly Installment Option Two (35/25/25/15)
 - a. A minimum initial deposit required, which shall be 35 percent of the estimated total premium due at policy inception;
 - b. The remaining premium will be 25 percent for the second and third installments and 15 percent for the fourth installment, and due 3, 6 and 9 months from policy inception, respectively;
 - c. No interest or installment charges;

- d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction; and
- e. The installment plan will be limited to insureds whose premium exceeds \$500.00 per year.
- 5. Item D, Reporting Endorsements Coverage is hereby added to Section 2, Classification and/or Rating Modifications and Procedures, as follows:

D. Reporting Endorsement Coverage

The calculations for changes in exposure are performed by weighting the mature claimsmade annual rates in effect at policy issuance for each period of differing exposures. These calculations are appropriate for changes in practice specialty or changes in rating territory that would affect a calculated rate. This method can be generalized by using the following weights and formula to calculate a rate for the upcoming year.

Number of		Cl	aims-Made Yea	r	
years policy					
written	1	2	3	4	5+
1	100%				
2	50%	50%			
3	37.5%	37.5%	25%		
4	33 1/3%	33 1/3%	22 2/9%	11 1/9%	
5+	30%	30%	20%	10%	10%

- 1. Mature claims-made annual rate in effect at policy issuance for the current practice and territory times the sum of the weights for the claims-made years in effect.
- 2. Plus mature claims-made annual rate in effect at policy issuance for the prior practice and territory times the sum of the weights for the claims-made years in effect.

For example, if an oral surgeon had practiced oral surgery for over five years, then stopped practicing oral surgery and began to practice general dentistry at the renewal two years prior to the electing the Reporting Endorsement Coverage, the appropriate base premium for the upcoming policy period would be:

General Dentistry mature claims-made annual rate in effect at policy issuance times (30% + 30%),

Plus oral surgery mature claims-made annual rate in effect at policy issuance times (20% + 10 % + 10%)

This method is applied in a similar manner if more than one practice change occurred during the previous four years. The components are pro-rated if the change occurred at a date other than the policy anniversary date.

State: Illinois Filing Company: ProAssurance Casualty Company

TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0007 Dentists - Oral Surgeons

Product Name: Dental and Oral Surgeon Professional Liability Program

Project Name/Number: Rule Filing/IL-2192-D

Supporting Document Schedules

Bypass Reason: Please refer to General Information Tab for filing explanation. Attachment(s): Item Status: Status Date: Form RF3 - (Summary Sheet) Bypass Reason: N/A, rule filing only - no rate change Attachment(s): Item Status: Status Date: D	5	
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 SERFF Tracking #:
 PCWA-129299767
 State Tracking #:
 PCWA-129299767
 Company Tracking #:
 IL-2192-D

State: Illinois Filing Company: ProAssurance Casualty Company

TOI/Sub-TOI: 11.0 Medical Malpractice - Claims Made/Occurrence/11.0007 Dentists - Oral Surgeons

Product Name: Dental and Oral Surgeon Professional Liability Program

Project Name/Number: Rule Filing/IL-2192-D

Status Date:



SUPPLEMENT TO DENTISTS AND ORAL SURGEONS UNDERWRITING RULES MANUAL

STATE OF ILLINOIS

STATE RATES SECTION STATE OF ILLINOIS

1. RATE TABLES

The following rate tables are based on limits selected per Claim and Policy Aggregate limits of liability. Classifications are also included as indicated in Section 5, Dental Professional Liability Specialty Codes and Descriptions of the Countrywide Manual, for Dental Specialty Classification and Sedation and Anesthesia. Rate table codes combine both the Class and Specialty.

Example C1_S01 represents a Class 1 dentist who is practicing as a General Dentist

Claims-Made Rates by Year

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

\$100,000 / \$300,000

Class					
Code	1	2	3	4	<u>5+</u>
C1_S01	510	771	945	1,084	1,224
C1_S02	510	771	945	1,084	1,224
C1_S03	510	771	945	1,084	1,224
C1_S04	510	771	945	1,084	1,224
C1_S05	510	771	945	1,084	1,224
C1_S06	510	771	945	1,084	1,224
C1_S07	510	771	945	1,084	1,224
C2_S01	587	909	1,123	1,284	1,446
C2_S02	587	909	1,123	1,284	1,446
C2_S03	587	909	1,123	1,284	1,446
C2_S04	587	909	1,123	1,284	1,446
C2_S05	587	909	1,123	1,284	1,446
C2_S06	587	909	1,123	1,284	1,446
C2_S07	587	909	1,123	1,284	1,446
C3_S08	1,298	2,167	2,746	3,111	3,475
C3_S09	1,298	2,167	2,746	3,111	3,475
C4_S10	2,086	3,564	4,549	5,139	5,729
C5_S10	2,242	3,839	4,904	5,538	6,172

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

\$200,000 / \$600,000

Class					
Code	1	2	3	4	<u>5+</u>
C1_S01	544	831	1,022	1,171	1,320
C1_S02	544	831	1,022	1,171	1,320
C1_S03	544	831	1,022	1,171	1,320
C1_S04	544	831	1,022	1,171	1,320
C1_S05	544	831	1,022	1,171	1,320
C1_S06	544	831	1,022	1,171	1,320
C1_S07	544	831	1,022	1,171	1,320
C2_S01	629	982	1,218	1,391	1,565
C2_S02	629	982	1,218	1,391	1,565
C2_S03	629	982	1,218	1,391	1,565
C2_S04	629	982	1,218	1,391	1,565
C2_S05	629	982	1,218	1,391	1,565
C2_S06	629	982	1,218	1,391	1,565
C2_S07	629	982	1,218	1,391	1,565
C2 C00	1 410	2.266	2 002	2 400	2 707
C3_S08	1,410	2,366	3,003	3,400	3,797
C3_S09	1,410	2,366	3,003	3,400	3,797
C4_S10	2,278	3,903	4,986	5,631	6,276
C5_S10	2,449	4,206	5,377	6,070	6,764

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

\$250,000 / \$750,000

Class			,		
Code	1	2	3	4	<u>5+</u>
C1_S01	565	868	1,070	1,226	1,381
C1_S02	565	868	1,070	1,226	1,381
C1_S03	565	868	1,070	1,226	1,381
C1_S04	565	868	1,070	1,226	1,381
C1_S05	565	868	1,070	1,226	1,381
C1_S06	565	868	1,070	1,226	1,381
C1_S07	565	868	1,070	1,226	1,381
C2_S01	655	1,028	1,277	1,458	1,639
C2_S02	655	1,028	1,277	1,458	1,639
C2_S03	655	1,028	1,277	1,458	1,639
C2_S04	655	1,028	1,277	1,458	1,639
C2_S05	655	1,028	1,277	1,458	1,639
C2_S06	655	1,028	1,277	1,458	1,639
C2_S07	655	1,028	1,277	1,458	1,639
C3_S08	1,481	2,491	3,164	3,581	3,998
C3_S09	1,481	2,491	3,164	3,581	3,998
C4_S10	2,398	4,115	5,260	5,939	6,618
C5_S10	2,578	4,435	5,673	6,403	7,133

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

\$500,000 / \$1,500,000

Class			,		
Code	1	2	3	4	5+
C1_S01	621	968	1,200	1,371	1,543
C1_S02	621	968	1,200	1,371	1,543
C1_S03	621	968	1,200	1,371	1,543
C1_S04	621	968	1,200	1,371	1,543
C1_S05	621	968	1,200	1,371	1,543
C1_S06	621	968	1,200	1,371	1,543
C1_S07	621	968	1,200	1,371	1,543
C2_S01	725	1,152	1,436	1,637	1,838
C2_S02	725	1,152	1,436	1,637	1,838
C2_S03	725	1,152	1,436	1,637	1,838
C2_S04	725	1,152	1,436	1,637	1,838
C2_S05	725	1,152	1,436	1,637	1,838
C2_S06	725	1,152	1,436	1,637	1,838
C2_S07	725	1,152	1,436	1,637	1,838
C3_S08	1,669	2,825	3,595	4,066	4,537
C3_S09	1,669	2,825	3,595	4,066	4,537
C4_S10	2,718	4,683	5,993	6,764	7,534
C5_S10	2,925	5,049	6,465	7,295	8,124

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

\$1,000,000 / \$3,000,000

Class					
Code		1	2 3	3 4	5+
C1_S01	696	1,100	1,370	1,563	1,755
C1_S02	696	1,100	1,370	1,563	1,755
C1_S03	696	1,100	1,370	1,563	1,755
C1_S04	696	1,100	1,370	1,563	1,755
C1_S05	696	1,100	1,370	1,563	1,755
C1_S06	696	1,100	1,370	1,563	1,755
C1_S07	696	1,100	1,370	1,563	1,755
C2_S01	816	1,314	1,646	1,873	2,100
C2_S02	816	1,314	1,646	1,873	2,100
C2_S03	816	1,314	1,646	1,873	2,100
C2_S04	816	1,314	1,646	1,873	2,100
C2_S05	816	1,314	1,646	1,873	2,100
C2_S06	816	1,314	1,646	1,873	2,100
C2_S07	816	1,314	1,646	1,873	2,100
C3_S08	1,917	3,264	4,162	4,703	5,245
C3_S09	1,917	3,264	4,162	4,703	5,245
C4_S10	3,140	5,429	6,956	7,847	8,738
C5_S10	3,380	5,856	7,506	8,466	9,426

Territory 2 – Remainder of State

\$100,000 / \$300,000

Class					
Code	1	2	3	4	<u>5+</u>
C1_S01	432	632	766	883	1,001
C1_S02	432	632	766	883	1,001
C1_S03	432	632	766	883	1,001
C1_S04	432	632	766	883	1,001
C1_S05	432	632	766	883	1,001
C1_S06	432	632	766	883	1,001
C1_S07	432	632	766	883	1,001
C2_S01	491	738	903	1,037	1,172
C2_S02	491	738	903	1,037	1,172
C2_S03	491	738	903	1,037	1,172
C2_S04	491	738	903	1,037	1,172
C2_S05	491	738	903	1,037	1,172
C2_S06	491	738	903	1,037	1,172
C2_S07	491	738	903	1,037	1,172
C3_S08	1,038	1,706	2,152	2,442	2,733
C3_S09	1,038	1,706	2,152	2,442	2,733
C4_S10	1,644	2,781	3,538	4,002	4,466
C5_S10	1,764	2,992	3,811	4,309	4,807

Territory 2 – Remainder of State

\$200,000 / \$600,000

Class		. , , .	,		
Code	1	2	3	4	5+
C1_S01	458	678	826	950	1,075
C1_S01 C1_S02	458	678	826	950 950	1,075
-					*
C1_S03	458	678	826	950	1,075
C1_S04	458	678	826	950	1,075
C1_S05	458	678	826	950	1,075
C1_S06	458	678	826	950	1,075
C1_S07	458	678	826	950	1,075
C2_S01	523	795	976	1,120	1,263
C2_S02	523	795	976	1,120	1,263
C2_S03	523	795	976	1,120	1,263
C2_S04	523	795	976	1,120	1,263
C2_S05	523	795	976	1,120	1,263
C2_S06	523	795	976	1,120	1,263
C2_S07	523	795	976	1,120	1,263
C3_S08	1,124	1,860	2,350	2,665	2,980
C3_S09	1,124	1,860	2,350	2,665	2,980
C4_S10	1,792	3,042	3,875	4,381	4,887
C5_S10	1,923	3,275	4,176	4,719	5,262

Territory 2 – Remainder of State

\$250,000 / \$750,000

Class					
Code	1	2	3	4	<u>5+</u>
C1_S01	171	707	962	992	1 121
-	474	707	863		1,121
C1_S02	474	707	863	992	1,121
C1_S03	474	707	863	992	1,121
C1_S04	474	707	863	992	1,121
C1_S05	474	707	863	992	1,121
C1_S06	474	707	863	992	1,121
C1_S07	474	707	863	992	1,121
C2_S01	543	831	1,022	1,171	1,320
C2_S02	543	831	1,022	1,171	1,320
C2_S03	543	831	1,022	1,171	1,320
C2_S04	543	831	1,022	1,171	1,320
C2_S05	543	831	1,022	1,171	1,320
C2_S06	543	831	1,022	1,171	1,320
C2_S07	543	831	1,022	1,171	1,320
C3_S08	1,179	1,956	2,474	2,804	3,135
C3_S09	1,179	1,956	2,474	2,804	3,135
C4_S10	1,884	3,205	4,086	4,618	5,150
_	,	,	,	,	,
C5_S10	2,023	3,451	4,403	4,975	5,547
- - -	,	- , -	,	7	- 1

Territory 2 – Remainder of State

\$500,000 / \$1,500,000

Class					
Code	1	2	3	4	5+
C1_S01	517	785	963	1,104	1,246
C1_S01 C1_S02	517	785	963	1,104	1,246
-	517	785 785	963	*	
C1_S03				1,104	1,246
C1_S04	517	785	963	1,104	1,246
C1_S05	517	785	963	1,104	1,246
C1_S06	517	785	963	1,104	1,246
C1_S07	517	785	963	1,104	1,246
GO G O4	505	004	4 4 4 7	1.200	1 450
C2_S01	597	926	1,145	1,309	1,473
C2_S02	597	926	1,145	1,309	1,473
C2_S03	597	926	1,145	1,309	1,473
C2_S04	597	926	1,145	1,309	1,473
C2_S05	597	926	1,145	1,309	1,473
C2_S06	597	926	1,145	1,309	1,473
C2_S07	597	926	1,145	1,309	1,473
G2 G 00	1.004	2.212	2.005	2.455	2.7.10
C3_S08	1,324	2,213	2,805	3,177	3,549
C3_S09	1,324	2,213	2,805	3,177	3,549
C4_S10	2,131	3,642	4,650	5,252	5,855
C5_S10	2,289	3,923	5,013	5,661	6,309

Territory 2 – Remainder of State

\$1,000,000 / \$3,000,000

Class					
Code		1	2 3	4	5+
C1_S01	575	886	1,093	1,252	1,410
C1_S02	575	886	1,093	1,252	1,410
C1_S03	575	886	1,093	1,252	1,410
C1_S04	575	886	1,093	1,252	1,410
C1_S05	575	886	1,093	1,252	1,410
C1_S06	575	886	1,093	1,252	1,410
C1_S07	575	886	1,093	1,252	1,410
C2_S01	668	1,050	1,305	1,490	1,675
C2_S01 C2_S02	668	1,050	1,305	1,490	1,675
C2_S03	668	1,050	1,305	1,490	1,675
C2_S04	668	1,050	1,305	1,490	1,675
C2_S05	668	1,050	1,305	1,490	1,675
C2_S06	668	1,050	1,305	1,490	1,675
C2_S07	668	1,050	1,305	1,490	1,675
C3_S08	1,514	2,550	3,241	3,667	4,094
C3_S09	1,514	2,550	3,241	3,667	4,094
C4_S10	2,455	4,216	5,390	6,086	6,781
C5_S10	2,640	4,544	5,814	6,562	7,310

Extended Reporting Period Endorsement (Tail Coverage)

Extended Reporting Period (Tail) Factors By Month

Claims-Made Year

	1	2	3	4	5	6	7	8	9	10	11	12
1	0.150	0.230	0.310	0.380	0.450	0.520	0.590	0.660	0.730	0.800	0.870	0.940
2	1.010	1.080	1.150	1.220	1.280	1.340	1.400	1.460	1.520	1.580	1.640	1.700
3	1.730	1.760	1.790	1.820	1.850	1.880	1.900	1.920	1.940	1.960	1.980	2.000
4	2.030	2.067	2.100	2.133	2.167	2.200	2.233	2.267	2.300	2.333	2.367	2.400
5	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400

Example: An insured who has a third year claims-made policy and decides to cancel after three months have elapsed would purchase tail coverage at the year 3, three month factor (1.790), times the mature claims-made annual rate in effect at policy issuance. For claims-made year 5 and over the 2.400 factor applies.

Occurrence Rates

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

Class						
Code	\$100,000/\$300,000	\$200,000/\$600,000	\$250,000/\$750,000	\$500,000/\$1,500,000	\$1,000,000/\$3,000,000	
C1_S01	1,346	1,452	1,519	1,697	1,931	
C1_S02	1,346	1,452	1,519	1,697	1,931	
C1_S03	1,346	1,452	1,519	1,697	1,931	
C1_S04	1,346	1,452	1,519	1,697	1,931	
C1_S05	1,346	1,452	1,519	1,697	1,931	
C1_S06	1,346	1,452	1,519	1,697	1,931	
C1_S07	1,346	1,452	1,519	1,697	1,931	
C2_S01	1,591	1,722	1,803	2,022	2,310	
C2_S02	1,591	1,722	1,803	2,022	2,310	
C2_S03	1,591	1,722	1,803	2,022	2,310	
C2_S04	1,591	1,722	1,803	2,022	2,310	
C2_S05	1,591	1,722	1,803	2,022	2,310	
C2_S06	1,591	1,722	1,803	2,022	2,310	
C2_S07	1,591	1,722	1,803	2,022	2,310	
C3_S08	3,823	4,177	4,398	4,991	5,770	
C3_S09	3,823	4,177	4,398	4,991	5,770	
C4_S10	6,302	6,904	7,280	8,287	9,612	
C5_S10	6,789	7,440	7,846	8,936	10,369	

Occurrence Rates (continued)

Territory 2 – Remainder of State

Class					
Code	\$100,000/\$300,000	\$200,000/\$600,000	\$250,000/\$750,000	\$500,000/\$1,500,000	\$1,000,000/\$3,000,000
C1_S01	1,101	1,183	1,233	1,371	1,551
C1_S02	1,101	1,183	1,233	1,371	1,551
C1_S03	1,101	1,183	1,233	1,371	1,551
C1_S04	1,101	1,183	1,233	1,371	1,551
C1_S05	1,101	1,183	1,233	1,371	1,551
C1_S06	1,101	1,183	1,233	1,371	1,551
C1_S07	1,101	1,183	1,233	1,371	1,551
C2_S01	1,289	1,389	1,452	1,620	1,843
C2_S02	1,289	1,389	1,452	1,620	1,843
C2_S03	1,289	1,389	1,452	1,620	1,843
C2_S04	1,289	1,389	1,452	1,620	1,843
C2_S05	1,289	1,389	1,452	1,620	1,843
C2_S06	1,289	1,389	1,452	1,620	1,843
C2_S07	1,289	1,389	1,452	1,620	1,843
C3_S08	3,006	3,278	3,449	3,904	4,503
C3_S09	3,006	3,278	3,449	3,904	4,503
C4_S10	4,913	5,376	5,665	6,441	7,459
C5_S10	5,288	5,788	6,102	6,940	8,041

2. SEDATION AND ANESTHESIA DESCRIPTION CODE

Sedation and Anesthesia Code and Factors

Specialist Code	Codes 01 & 2	<u>Code 03</u>	<u>Code 04</u>
01 General Dentist	1.000	1.075	1.200
02 Board Eligible or Board Certified General Dentis	st 1.000	1.050	1.100
03 Periodontists	1.000	1.050	1.100
04 Prosthodontist	1.000	1.050	1.100
05 Endodontist	1.000	1.050	1.100
06 Orthodontist	1.000	1.050	1.100
07 Pediatric Dentist	1.000	1.025	1.050
08 Oral Pathologist	1.000	1.000	1.000
09 Oral Radiologist	1.000	1.000	1.000
10 Oral and Maxillofacial Surgeon	1.000	1.000	1.000

3. EXTRA ORAL NON-SURGICAL COSMETIC PROCEDURES FACTOR

Class Plan Classification	Factor
Class 1, 2 and 3	1.27
Class 4 and 5	1.15

4. MINIMUM PREMIUMS

Limit of Liability	Minimum Premium
\$100,000/\$ 300,000	\$425
\$200,000/\$ 600,000	\$485
\$250,000/\$750,000	\$505
\$500,000/\$1,500,000	\$565
\$1,000,000/\$3,000,000	\$663
Excess Limits	
Each Additional Excess Limit Increment of \$1,000,000	\$100

5. EXCESS LIMITS FACTORS (Applies to \$1M/\$3M Primary Limit Premium)

Excess Limit	<u>Factor</u>
\$1,000,000	0.0480
\$2,000,000	0.0960
\$3,000,000	0.1450
\$4,000,000	0.1935
\$5,000,000	0.2225

6. ANNUAL PREMIUM PAYMENT DISCOUNT

Factor

7. PART TIME DENTIST, SEMI-RETIRED AND MOONLIGHTING DISCOUNT FACTOR

Number of Hours in Practice	Factor
20 hours or less per week	0.50
21 hours or more per week	1.00

8. ADDITIONAL INSUREDS PREMIUM CHARGE FACTOR

10% Premium Charge	<u>Factor</u>
(each additional insured)	
	1.10

9. NEW DENTIST DISCOUNT FACTORS

Years in Practice	Factor
First Year	0.50
Second and Third Year	0.75

10. FACULTY DISCOUNT FACTORS

Appointment Status	Factor
Full-Time	0.70
Half-Time	0.80
Part-Time	0.90
Zero-Time	1.00

11. ASSOCIATION AND MEMBERSHIP CREDIT

Membership/Association	<u>Factor</u>
ADA Member	0.975
AGD Member	0.95
AGD Fellowship	0.90
AGD Mastership	0.85

12. RISK MANAGEMENT EDUCATION FACTOR <u>Factor</u>

0.95

13. LONGEVITY CREDIT

	<u>Factor</u>
Year 1	1.00
Year 2	1.00
Year 2	1.00
Year 4	1.00
Year 5	0.99
Year 6	0.99
Year 7	0.98
Year 8	0.97
Year 9	0.96
Year 10 and Greater	0.95
14. WAIVER OF CONSENT TO SETTLE DISCOUNT	Factor

15. SCHEDULED RATING PROGRAM

	Range of Modifications		
	<u>Credits</u>	<u>Debits</u>	
Operational controls and procedure mix, such as but not limited to mandatory referrals for extractions, use of consent forms, internal documentation practices, implant procedures and laser use, and extraction of impacted third molars.	-10%	+10%	
Practice Characteristics, such as but not limited to single verses multiple locations, degree of severity presented by area of specialization, volume of patient traffic, number of years of patient experience.	-10%	+10%	
Loss Control procedures, such as but not limited to training and retraining of all employees on the safest way to do their job; promoting safety awareness; conducting frequent safety inspections of all work areas; having an office safety program using proper sterilization techniques to ensure environmental is free from the possibility of contamination from blood-born pathogens.		+10%	
Claim peculiarities, such as but not limited to who was responsible for the loss (Insured Dentist, Employee of Insured Dentists, Partner, Independent Contractor- this is for the respondeat superior or indemnity exposures); frequency or lack of administrative actions such as peer review, office of professional discipline or dental board complaints; frequency or lack of claims for return of fees.		+10%	

0.90

16. DEDUCTIBLE OPTIONS

Deductible	Factor		
\$0	1.00		
\$1,000	0.95		
\$2,500	0.90		
\$5,000	0.81		
\$10,000	0.70		

17. PARTNERSHIP CORPORATION PROFESSIONAL ASSOCIATION COVERAGE RATING FACTORS

Limit of Liability Number of Insureds

	<u>2-5</u>	<u>6-9</u>	<u>10-19</u>	<u>20-49</u>	50 or More
\$100,000/\$ 300,000	1.23	1.21	1.17	1.13	1.10
\$200,000/\$ 600,000	1.20	1.19	1.15	1.11	1.08
\$250,000/\$ 750,000	1.18	1.17	1.13	1.09	1.07
\$500,000/\$1,500,000	1.10	1.10	1.09	1.07	1.05
\$1,000,000/\$3,000,000	1.10	1.10	1.09	1.07	1.05

Rating factors apply to dentists insured by the company. For each dentist or oral surgeon not insured by the company the rating factor will be two times the rating factor for insured dentists.

Example: In a group practice of five dentists where the company insures three of the dentist the premium will be calculated by applying a rating factor of 1.10 (10% charge) to the sum of premium for those insured dentists plus the premium calculated by applying a rating factor of 1.20 (20% charge) to the sum of the premium for dentists not insured by the company. The premium used for dentists not insured by the company will determined by using the rates for the dental specialty if insured by the company.

18. LOSS EXPERIENCE PROGRAM

A. Loss Free Discount

Years Claim Free	<u>Factor</u>
10 + years claim free	0.90
9 years claim free	0.91
8 years claim free	0.92
7 years claim free	0.93
6 years claim free	0.94
5 years claim free	0.95
4 years claim free	0.96
3 years claim free	0.97
2 years claim free	0.98
1 year claim free	0.99

B. Loss Experience Debit

Chargeable Loss	1 loss	<u>2 loss</u>	<u>3 loss</u>	<u>4 loss</u>
\$0 - \$3,000	1.05	1.10	1.15	1.20
\$3,001 - \$10,000	1.10	1.15	1.20	1.25
\$10,001 - \$20,000	1.15	1.20	1.25	1.30
\$20,001 - \$30,000	1.20	1.25	1.30	1.35
\$30,001 - \$40,000	1.25	1.30	1.35	1.40
\$40,001 +	1.30	1.35	1.40	1.50

19. PRACTICEGUARD® FOR DENTISTS

	<u>Premium Charge</u>		
Automatic Coverage	\$78		
Optional Coverage	\$104		

20. BOARD EXAMINATION AND INTERVIEW COVERAGE PREMIUM CHARGE

Premium Charge

\$30

21. SUSPENSION OF COVERAGE

95% Premium Discount	Factor
	0.05

22. CONTRACTUAL LIABILITY FACTOR

5 % Premium Charge	<u>Factor</u>
(each insured contract)	
	1.05

STATE RULES AND EXCEPTIONS STATE OF ILLINOIS

- 1. Section 1, Introduction, Item I, Rates and Premium Calculations, paragraph C Non-Standard Risks is replaced as follows:
 - C. <u>Non-Standard Risks</u>: Individuals rejected for standard coverage by the Company may be individually considered for coverage at an additional premium charge or other applicable coverage conditions and limitations on an individually agreed, individual risk filing basis.
- 2. Section 1, Introduction, Item I, Rates and Premium Calculations, paragraph E Net of Commission Rule is hereby deleted.
- 3. Section 1, Introduction, Item 3, Cancellations, paragraph C is replaced as follows:
 - C. <u>Removal from the State</u>: Subject to state provisions, the policy may be canceled by the Company after the insured no longer maintains at least 75% of his/her dental practice within the state of issuance, subject to proper notice.
- 4. Item III, Quarterly Installment Options, is hereby added to Section 1, Introduction, as follows:

III. QUARTERLY INSTALLMENT OPTIONS

- 1. Quarterly Installment Option One
 - a. A minimum initial deposit required, which shall be 40 percent of the estimated total premium due at policy inception;
 - b. The remaining premium spread equally among the second, third and fourth installments at 20 percent of the estimated total premium, and due 3, 6 and 9 months from policy inception, respectively;
 - c. No interest or installment charges;
 - d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction; and
 - e. The installment plan will be limited to insureds whose premium exceeds \$500.00 per year.
- 2. Quarterly Installment Option Two (35/25/25/15)
 - a. A minimum initial deposit required, which shall be 35 percent of the estimated total premium due at policy inception;
 - b. The remaining premium will be 25 percent for the second and third installments and 15 percent for the fourth installment, and due 3, 6 and 9 months from policy inception, respectively;
 - c. No interest or installment charges;

- d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction; and
- e. The installment plan will be limited to insureds whose premium exceeds \$500.00 per year.
- 5. Item D, Reporting Endorsements Coverage is hereby added to Section 2, Classification and/or Rating Modifications and Procedures, as follows:

D. Reporting Endorsement Coverage

The calculations for changes in exposure are performed by weighting the mature claimsmade annual rates in effect at policy issuance for each period of differing exposures. These calculations are appropriate for changes in practice specialty or changes in rating territory that would affect a calculated rate. This method can be generalized by using the following weights and formula to calculate a rate for the upcoming year.

Number of	Claims-Made Year					
years policy						
written	1	2	3	4	5+	
1	100%					
2	50%	50%				
3	37.5%	37.5%	25%			
4	33 1/3%	33 1/3%	22 2/9%	11 1/9%		
5+	30%	30%	20%	10%	10%	

- 1. Mature claims-made annual rate in effect at policy issuance for the current practice and territory times the sum of the weights for the claims-made years in effect.
- 2. Plus mature claims-made annual rate in effect at policy issuance for the prior practice and territory times the sum of the weights for the claims-made years in effect.

For example, if an oral surgeon had practiced oral surgery for over five years, then stopped practicing oral surgery and began to practice general dentistry at the renewal two years prior to the electing the Reporting Endorsement Coverage, the appropriate base premium for the upcoming policy period would be:

General Dentistry mature claims-made annual rate in effect at policy issuance times (30% + 30%),

Plus oral surgery mature claims-made annual rate in effect at policy issuance times (20% + 10 % + 10%)

This method is applied in a similar manner if more than one practice change occurred during the previous four years. The components are pro-rated if the change occurred at a date other than the policy anniversary date.



SUPPLEMENT TO DENTISTS AND ORAL SURGEONS UNDERWRITING RULES MANUAL

STATE OF ILLINOIS

STATE RATES SECTION STATE OF ILLINOIS

1. RATE TABLES

The following rate tables are based on limits selected per Claim and Policy Aggregate limits of liability. Classifications are also included as indicated in Section 5, Dental Professional Liability Specialty Codes and Descriptions of the Countrywide Manual, for Dental Specialty Classification and Sedation and Anesthesia. Rate table codes combine both the Class and Specialty.

Example C1_S01 represents a Class 1 dentist who is practicing as a General Dentist

Claims-Made Rates by Year

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

\$100,000 / \$300,000

Class					
Code	1	2	3	4	5+
C1_S01	510	771	945	1,084	1,224
C1_S02	510	771	945	1,084	1,224
C1_S03	510	771	945	1,084	1,224
C1_S04	510	771	945	1,084	1,224
C1_S05	510	771	945	1,084	1,224
C1_S06	510	771	945	1,084	1,224
C1_S07	510	771	945	1,084	1,224
~~ ~ ~ ~					
C2_S01	587	909	1,123	1,284	1,446
C2_S02	587	909	1,123	1,284	1,446
C2_S03	587	909	1,123	1,284	1,446
C2_S04	587	909	1,123	1,284	1,446
C2_S05	587	909	1,123	1,284	1,446
C2_S06	587	909	1,123	1,284	1,446
C2_S07	587	909	1,123	1,284	1,446
C2 S08	1 200	2 167	2746	2 111	2 175
C3_S08	1,298	2,167	2,746	3,111	3,475
C3_S09	1,298	2,167	2,746	3,111	3,475
C4_S10	2,086	3,564	4,549	5,139	5,729
C5_S10	2,242	3,839	4,904	5,538	6,172

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

\$200,000 / \$600,000

Class		,	•		
Code	1_	2	3	4	<u>5+</u>
C1_S01	544	831	1,022	1,171	1,320
C1_S02	544	831	1,022	1,171	1,320
C1_S03	544	831	1,022	1,171	1,320
C1_S04	544	831	1,022	1,171	1,320
C1_S05	544	831	1,022	1,171	1,320
C1_S06	544	831	1,022	1,171	1,320
C1_S07	544	831	1,022	1,171	1,320
CO CO1	620	002	1.010	1 201	1.565
C2_S01	629	982	1,218	1,391	1,565
C2_S02	629	982	1,218	1,391	1,565
C2_S03	629	982	1,218	1,391	1,565
C2_S04	629	982	1,218	1,391	1,565
C2_S05	629	982	1,218	1,391	1,565
C2_S06	629	982	1,218	1,391	1,565
C2_S07	629	982	1,218	1,391	1,565
C3_S08	1,410	2,366	3,003	3,400	3,797
C3_S09	1,410	2,366	3,003	3,400	3,797
G.1. G.1.0			4.00.5		
C4_S10	2,278	3,903	4,986	5,631	6,276
C5_S10	2,449	4,206	5,377	6,070	6,764

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

\$250,000 / \$750,000

Class		,	,		
Code	1	2	3	4	5+
C1_S01	565	868	1,070	1,226	1,381
C1_S02	565	868	1,070	1,226	1,381
C1_S03	565	868	1,070	1,226	1,381
C1_S04	565	868	1,070	1,226	1,381
C1_S05	565	868	1,070	1,226	1,381
C1_S06	565	868	1,070	1,226	1,381
C1_S07	565	868	1,070	1,226	1,381
C2_S01	655	1,028	1,277	1,458	1,639
C2_S02	655	1,028	1,277	1,458	1,639
C2_S03	655	1,028	1,277	1,458	1,639
C2_S04	655	1,028	1,277	1,458	1,639
C2_S05	655	1,028	1,277	1,458	1,639
C2_S06	655	1,028	1,277	1,458	1,639
C2_S07	655	1,028	1,277	1,458	1,639
C3_S08	1,481	2,491	3,164	3,581	3,998
C3_S09	1,481	2,491	3,164	3,581	3,998
C4_S10	2,398	4,115	5,260	5,939	6,618
C5_S10	2,578	4,435	5,673	6,403	7,133

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

\$500,000 / \$1,500,000

Class					
Code	1	2	3	4	<u>5+</u>
C1_S01	621	968	1,200	1,371	1,543
-				*	
C1_S02	621	968	1,200	1,371	1,543
C1_S03	621	968	1,200	1,371	1,543
C1_S04	621	968	1,200	1,371	1,543
C1_S05	621	968	1,200	1,371	1,543
C1_S06	621	968	1,200	1,371	1,543
C1_S07	621	968	1,200	1,371	1,543
C2_S01	725	1,152	1,436	1,637	1,838
C2_S02	725	1,152	1,436	1,637	1,838
C2_S02 C2_S03	725	1,152	1,436	1,637	1,838
-		,	,	*	
C2_S04	725	1,152	1,436	1,637	1,838
C2_S05	725	1,152	1,436	1,637	1,838
C2_S06	725	1,152	1,436	1,637	1,838
C2_S07	725	1,152	1,436	1,637	1,838
C3_S08	1,669	2,825	3,595	4,066	4,537
C3_S09	1,669	2,825	3,595	4,066	4,537
C4_S10	2,718	4,683	5,993	6,764	7,534
C5_S10	2,925	5,049	6,465	7,295	8,124

Territory 1 – Cook, Lake, Monroe, St. Clair and Will Counties

\$1,000,000 / \$3,000,000

Class					
Code		1	2 3	4	5+
C1_S01	696	1,100	1,370	1,563	1,755
C1_S02	696	1,100	1,370	1,563	1,755
C1_S03	696	1,100	1,370	1,563	1,755
C1_S04	696	1,100	1,370	1,563	1,755
C1_S05	696	1,100	1,370	1,563	1,755
C1_S06	696	1,100	1,370	1,563	1,755
C1_S07	696	1,100	1,370	1,563	1,755
C1_507	070	1,100	1,570	1,505	1,733
C2_S01	816	1,314	1,646	1,873	2,100
C2_S02	816	1,314	1,646	1,873	2,100
C2_S03	816	1,314	1,646	1,873	2,100
C2_S04	816	1,314	1,646	1,873	2,100
C2_S05	816	1,314	1,646	1,873	2,100
C2_S06	816	1,314	1,646	1,873	2,100
C2_S07	816	1,314	1,646	1,873	2,100
_		,	,	,	,
C3_S08	1,917	3,264	4,162	4,703	5,245
C3_S09	1,917	3,264	4,162	4,703	5,245
C4_S10	3,140	5,429	6,956	7,847	8,738
C5_S10	3,380	5,856	7,506	8,466	9,426

Territory 2 – Remainder of State

\$100,000 / \$300,000

Class					
Code	11	2	3	4	<u>5+</u>
C1_S01	432	632	766	883	1,001
C1_S02	432	632	766	883	1,001
C1_S03	432	632	766	883	1,001
C1_S04	432	632	766	883	1,001
C1_S05	432	632	766	883	1,001
C1_S06	432	632	766	883	1,001
C1_S07	432	632	766	883	1,001
C2_S01	491	738	903	1,037	1,172
C2_S02	491	738	903	1,037	1,172
C2_S03	491	738	903	1,037	1,172
C2_S04	491	738	903	1,037	1,172
C2_S05	491	738	903	1,037	1,172
C2_S06	491	738	903	1,037	1,172
C2_S07	491	738	903	1,037	1,172
C3_S08	1,038	1,706	2,152	2,442	2,733
C3_S09	1,038	1,706	2,152	2,442	2,733
C4_S10	1,644	2,781	3,538	4,002	4,466
C5_S10	1,764	2,992	3,811	4,309	4,807

Territory 2 – Remainder of State

\$200,000 / \$600,000

Class		,	,		
Code	1	2	3	4	<u>5+</u>
C1_S01	458	678	826	950	1,075
C1_S02	458	678	826	950	1,075
C1_S03	458	678	826	950	1,075
C1_S04	458	678	826	950	1,075
C1_S05	458	678	826	950	1,075
C1_S06	458	678	826	950	1,075
C1_S07	458	678	826	950	1,075
C2_S01	523	795	976	1,120	1,263
C2_S02	523	795	976	1,120	1,263
C2_S03	523	795	976	1,120	1,263
C2_S04	523	795	976	1,120	1,263
C2_S05	523	795	976	1,120	1,263
C2_S06	523	795	976	1,120	1,263
C2_S07	523	795	976	1,120	1,263
C3_S08	1,124	1,860	2,350	2,665	2,980
C3_S09	1,124	1,860	2,350	2,665	2,980
C4_S10	1,792	3,042	3,875	4,381	4,887
C5_S10	1,923	3,275	4,176	4,719	5,262

Territory 2 – Remainder of State

\$250,000 / \$750,000

Class		,	,		
Code	1	2	3	4	5+
C1_S01	474	707	863	992	1,121
C1_S01 C1_S02	474	707	863	992	1,121
C1_S02 C1_S03	474	707	863	992	1,121
C1_S03	474	707	863	992	1,121
C1_S04 C1_S05	474	707	863	992	1,121
C1_S05 C1_S06	474	707	863	992	1,121
C1_S00 C1_S07		707		992	
C1_307	474	707	863	992	1,121
C2_S01	543	831	1,022	1,171	1,320
C2_S02	543	831	1,022	1,171	1,320
C2_S03	543	831	1,022	1,171	1,320
C2_S04	543	831	1,022	1,171	1,320
C2_S05	543	831	1,022	1,171	1,320
C2_S06	543	831	1,022	1,171	1,320
C2_S07	543	831	1,022	1,171	1,320
C2_507	3 13	031	1,022	1,171	1,320
C3_S08	1,179	1,956	2,474	2,804	3,135
C3_S09	1,179	1,956	2,474	2,804	3,135
C4_S10	1,884	3,205	4,086	4,618	5,150
C5_S10	2,023	3,451	4,403	4,975	5,547

Territory 2 – Remainder of State

\$500,000 / \$1,500,000

Class					
Code	1	2	3	4	5+
C1_S01	517	785	963	1 104	1 246
				1,104	1,246
C1_S02	517	785	963	1,104	1,246
C1_S03	517	785	963	1,104	1,246
C1_S04	517	785	963	1,104	1,246
C1_S05	517	785	963	1,104	1,246
C1_S06	517	785	963	1,104	1,246
C1_S07	517	785	963	1,104	1,246
G2 G01	505	026	1 1 4 5	1.200	1 470
C2_S01	597	926	1,145	1,309	1,473
C2_S02	597	926	1,145	1,309	1,473
C2_S03	597	926	1,145	1,309	1,473
C2_S04	597	926	1,145	1,309	1,473
C2_S05	597	926	1,145	1,309	1,473
C2_S06	597	926	1,145	1,309	1,473
C2_S07	597	926	1,145	1,309	1,473
C3_S08	1,324	2,213	2,805	3,177	3,549
-	*	· ·	*	<i>'</i>	*
C3_S09	1,324	2,213	2,805	3,177	3,549
C4_S10	2,131	3,642	4,650	5,252	5,855
C5_S10	2,289	3,923	5,013	5,661	6,309

Territory 2 – Remainder of State

\$1,000,000 / \$3,000,000

Class					
Code		1	2	3 4	5+
C1_S01	575	886	1,093	1,252	1,410
C1_S02	575	886	1,093	1,252	1,410
C1_S03	575	886	1,093	1,252	1,410
C1_S04	575	886	1,093	1,252	1,410
C1_S05	575	886	1,093	1,252	1,410
C1_S06	575	886	1,093	1,252	1,410
C1_S07	575	886	1,093	1,252	1,410
C2_S01	668	1,050	1,305	1,490	1,675
C2_S02	668	1,050	1,305	1,490	1,675
C2_S03	668	1,050	1,305	1,490	1,675
C2_S04	668	1,050	1,305	1,490	1,675
C2_S05	668	1,050	1,305	1,490	1,675
C2_S06	668	1,050	1,305	1,490	1,675
C2_S07	668	1,050	1,305	1,490	1,675
C3_S08	1,514	2,550	3,241	3,667	4,094
C3_S09	1,514	2,550	3,241	3,667	4,094
C4_S10	2,455	4,216	5,390	6,086	6,781
C5_S10	2,640	4,544	5,814	6,562	7,310

Extended Reporting Period Endorsement (Tail Coverage)

Extended Reporting Period (Tail) Factors By Month

Claims-Made Year

	1	2	3	4	5	6	7	8	9	10	11	12
1	0.150	0.230	0.310	0.380	0.450	0.520	0.590	0.660	0.730	0.800	0.870	0.940
2	1.010	1.080	1.150	1.220	1.280	1.340	1.400	1.460	1.520	1.580	1.640	1.700
3	1.730	1.760	1.790	1.820	1.850	1.880	1.900	1.920	1.940	1.960	1.980	2.000
4	2.030	2.067	2.100	2.133	2.167	2.200	2.233	2.267	2.300	2.333	2.367	2.400
5	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400	2.400

Example: An insured who has a third year claims-made policy and decides to cancel after three months have elapsed would purchase tail coverage at the year 3, three month factor (1.790), times the mature claims-made annual rate in effect at policy issuance. For claims-made year 5 and over the 2.400 factor applies.

Occurrence Rates

Territory 1 - Cook, Lake, Monroe, St. Clair and Will Counties

Class					
Code	\$100,000/\$300,000	\$200,000/\$600,000	\$250,000/\$750,000	\$500,000/\$1,500,000	\$1,000,000/\$3,000,000
C1_S01	1,346	1,452	1,519	1,697	1,931
C1_S02	1,346	1,452	1,519	1,697	1,931
C1_S03	1,346	1,452	1,519	1,697	1,931
C1_S04	1,346	1,452	1,519	1,697	1,931
C1_S05	1,346	1,452	1,519	1,697	1,931
C1_S06	1,346	1,452	1,519	1,697	1,931
C1_S07	1,346	1,452	1,519	1,697	1,931
C2_S01	1,591	1,722	1,803	2,022	2,310
C2_S02	1,591	1,722	1,803	2,022	2,310
C2_S03	1,591	1,722	1,803	2,022	2,310
C2_S04	1,591	1,722	1,803	2,022	2,310
C2_S05	1,591	1,722	1,803	2,022	2,310
C2_S06	1,591	1,722	1,803	2,022	2,310
C2_S07	1,591	1,722	1,803	2,022	2,310
C3_S08	3,823	4,177	4,398	4,991	5,770
C3_S09	3,823	4,177	4,398	4,991	5,770
C4_S10	6,302	6,904	7,280	8,287	9,612
C5_S10	6,789	7,440	7,846	8,936	10,369

Occurrence Rates (continued)

Territory 2 – Remainder of State

Class					
Code S	\$100,000/\$300,000	\$200,000/\$600,000	\$250,000/\$750,000	\$500,000/\$1,500,000	\$1,000,000/\$3,000,000
C1_S01	1,101	1,183	1,233	1,371	1,551
C1_S02	1,101	1,183	1,233	1,371	1,551
C1_S03	1,101	1,183	1,233	1,371	1,551
C1_S04	1,101	1,183	1,233	1,371	1,551
C1_S05	1,101	1,183	1,233	1,371	1,551
C1_S06	1,101	1,183	1,233	1,371	1,551
C1_S07	1,101	1,183	1,233	1,371	1,551
C2_S01	1,289	1,389	1,452	1,620	1,843
C2_S02	1,289	1,389	1,452	1,620	1,843
C2_S03	1,289	1,389	1,452	1,620	1,843
C2_S04	1,289	1,389	1,452	1,620	1,843
C2_S05	1,289	1,389	1,452	1,620	1,843
C2_S06	1,289	1,389	1,452	1,620	1,843
C2_S07	1,289	1,389	1,452	1,620	1,843
C3_S08	3,006	3,278	3,449	3,904	4,503
C3_S09	3,006	3,278	3,449	3,904	4,503
C4_S10	4,913	5,376	5,665	6,441	7,459
C5_S10	5,288	5,788	6,102	6,940	8,041

2. SEDATION AND ANESTHESIA DESCRIPTION CODE

Sedation and Anesthesia Code and Factors

Specialist Code	Codes 01 & 2	<u>Code 03</u>	<u>Code 04</u>
01 General Dentist	1.000	1.075	1.200
02 Board Eligible or Board Certified General Denti-	st 1.000	1.050	1.100
03 Periodontists	1.000	1.050	1.100
04 Prosthodontist	1.000	1.050	1.100
05 Endodontist	1.000	1.050	1.100
06 Orthodontist	1.000	1.050	1.100
07 Pediatric Dentist	1.000	1.025	1.050
08 Oral Pathologist	1.000	1.000	1.000
09 Oral Radiologist	1.000	1.000	1.000
10 Oral and Maxillofacial Surgeon	1.000	1.000	1.000

3. EXTRA ORAL NON-SURGICAL COSMETIC PROCEDURES FACTOR

Class Plan Classification	<u>Factor</u>
Class 1, 2 and 3	1.27
Class 4 and 5	1.15

4. MINIMUM PREMIUMS

Limit of Liability	Minimum Premium
\$100,000/\$ 300,000	\$425
\$200,000/\$ 600,000	\$485
\$250,000/\$750,000	\$505
\$500,000/\$1,500,000	\$565
\$1,000,000/\$3,000,000	\$663
Excess Limits	
Each Additional Excess Limit Increment of \$1,000,000	\$100

5. EXCESS LIMITS FACTORS (Applies to \$1M/\$3M Primary Limit Premium)

Excess Limit	<u>Factor</u>
\$1,000,000	0.0480
\$2,000,000	0.0960
\$3,000,000	0.1450
\$4,000,000	0.1935
\$5,000,000	0.2225

6. ANNUAL PREMIUM PAYMENT DISCOUNT

Factor

7. PART TIME DENTIST, SEMI-RETIRED AND MOONLIGHTING DISCOUNT FACTOR

Number of Hours in Practice	Factor
20 hours or less per week	0.50
21 hours or more per week	1.00

8. ADDITIONAL INSUREDS PREMIUM CHARGE FACTOR

10% Premium Charge	Factor
(each additional insured)	
	1.10

9. NEW DENTIST DISCOUNT FACTORS

Years in Practice	<u>Factor</u>
First Year	0.50
Second and Third Year	0.75

10. FACULTY DISCOUNT FACTORS

Appointment Status	<u>Factor</u>
Full-Time	0.70
Half-Time	0.80
Part-Time	0.90
Zero-Time	1.00

11. ASSOCIATION AND MEMBERSHIP CREDIT

]	Membership/Association	Factor
	ADA Member	0.975
	AGD Member	0.95
	AGD Fellowship	0.90
	AGD Mastership	0.85

12. RISK MANAGEMENT EDUCATION FACTOR <u>Factor</u>

0.95

13. LONGEVITY CREDIT

	<u>Facto</u>
Year 1	1.00
Year 2	1.00
Year 2	1.00
Year 4	1.00
Year 5	0.99
Year 6	0.99
Year 7	0.98
Year 8	0.97
Year 9	0.96
Year 10 and Greater	0.95

14. WAIVER OF CONSENT TO SETTLE DISCOUNT Factor

0.90

15. SCHEDULED RATING PROGRAM

	Range of Modif	fications <u>Debits</u>
Operational controls and procedure mix, such as but not limited to mandatory referrals for extractions, use of consent forms, internal documentation practices, implant procedures and laser use, and extraction of impacted third molars.	-10%	+10%
Practice Characteristics, such as but not limited to single verses multiple locations, degree of severity presented by area of specialization, volume of patient traffic, number of years of patient experience.	-10%	+10%
Loss Control procedures, such as but not limited to training and retraining of all employees on the safest way to do their job; promoting safety awareness; conducting frequent safety inspections of all work areas; having an office safety program using proper sterilization techniques to ensure environmental is free from the possibility of contamination from blood-borne pathogens.		+10%
Claim peculiarities, such as but not limited to who was responsible for the loss (Insured Dentist, Employee of Insured Dentists, Partner, Independent Contractor- this is for the respondeat superior or indemnity exposures); frequency or lack of administrative actions such as peer review, office of professional discipline or dental board complaints; frequency or lack of claims for return of fees.		+10%

Maximum Debit/Credit = 25%

16. DEDUCTIBLE OPTIONS

Deductible	Factor
\$0	1.00
\$1,000	0.95
\$2,500	0.90
\$5,000	0.81
\$10,000	0.70

17. PARTNERSHIP CORPORATION PROFESSIONAL ASSOCIATION COVERAGE RATING FACTORS

Limit of Liability

Number of Insureds

	<u>2-5</u>	<u>6-9</u>	<u>10-19</u>	<u>20-49</u>	50 or More
\$100,000/\$ 300,000	1.23	1.21	1.17	1.13	1.10
\$200,000/\$ 600,000	1.20	1.19	1.15	1.11	10.8 1.08
\$250,000/\$ 750,000	1.18	1.17	1.13	1.09	1.07
\$500,000/\$1,500,000	1.10	1.10	1.09	1.07	1.05
\$1,000,000/\$3,000,000	1.10	1.10	1.09	1.07	1.05

Rating factors apply to dentists insured by the company. For each dentist or oral surgeon not insured by the company the rating factor will be two times the rating factor for insured dentists.

Example: In a group practice of five dentists where the company insures three of the dentist the premium will be calculated by applying a rating factor of 1.10 (10% charge) to the sum of premium for those insured dentists plus the premium calculated by applying a rating factor of 1.20 (20% charge) to the sum of the premium for dentists not insured by the company. The premium used for dentists not insured by the company will determined by using the rates for the dental specialty if insured by the company.

18. LOSS EXPERIENCE PROGRAM

A. Loss Free Discount

Years Claim Free	Factor
10 + years claim free	0.90
9 years claim free	0.91
8 years claim free	0.92
7 years claim free	0.93
6 years claim free	0.94
5 years claim free	0.95
4 years claim free	0.96
3 years claim free	0.97
2 years claim free	0.98

1 year claim free

0.99

B. Loss Experience Debit

Chargeable Loss	1 loss	<u>2 loss</u>	<u>3 loss</u>	<u>4 loss</u>
\$0 - \$3,000	1.05	1.10	1.15	1.20
\$3,001 - \$10,000	1.10	1.15	1.20	1.25
\$10,001 - \$20,000	1.15	1.20	1.25	1.30
\$20,001 - \$30,000	1.20	1.25	1.30	1.35
\$30,001 - \$40,000	1.25	1.30	1.35	1.40
\$40,001 +	1.30	1.35	1.40	1.50

19. PRACTICEGUARD® FOR DENTISTS

Premium	Charge

Automatic Coverage	\$78
Optional Coverage	\$104

20. BOARD EXAMINATION AND INTERVIEW COVERAGE PREMIUM CHARGE

Premium Charge

\$30

21. SUSPENSION OF COVERAGE

95% Premium Discount	Factor
	0.05

22. CONTRACTUAL LIABILITY FACTOR

5 % Premium Charge	<u>Factor</u>
(each insured contract)	
	1.05

STATE RULES AND EXCEPTIONS STATE OF ILLINOIS

- 1. Section 1, Introduction, Item I, Rates and Premium Calculations, paragraph C Non-Standard Risks is replaced as follows:
 - C. <u>Non-Standard Risks</u>: Individuals rejected for standard coverage by the Company may be individually considered for coverage at an additional premium charge or other applicable coverage conditions and limitations on an individually agreed, individual risk filing basis.
- 2. Section 1, Introduction, Item I, Rates and Premium Calculations, paragraph E Net of Commission Rule is hereby deleted.
- 3. Section 1, Introduction, Item 3, Cancellations, paragraph C is replaced as follows:
 - C. <u>Removal from the State</u>: Subject to state provisions, the policy may be canceled by the Company after the insured no longer maintains at least 75% of his/her dental practice within the state of issuance, subject to proper notice.
- 4. Item III, Quarterly Installment Options, is hereby added to Section 1, Introduction, as follows:

III. QUARTERLY INSTALLMENT OPTIONS

- 1. Quarterly Installment Option One
 - a. A minimum initial deposit required, which shall be 40 percent of the estimated total premium due at policy inception;
 - b. The remaining premium spread equally among the second, third and fourth installments at 20 percent of the estimated total premium, and due 3, 6 and 9 months from policy inception, respectively;
 - c. No interest or installment charges;
 - d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction; and
 - e. The installment plan will be limited to insureds whose premium exceeds \$500.00 per year.
- 2. Quarterly Installment Option Two (35/25/25/15)
 - a. A minimum initial deposit required, which shall be 35 percent of the estimated total premium due at policy inception;

- b. The remaining premium will be 25 percent for the second and third installments and 15 percent for the fourth installment, and due 3, 6 and 9 months from policy inception, respectively;
- c. No interest or installment charges;
- d. Additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to the policy shall be billed immediately as a separate transaction; and
- e. The installment plan will be limited to insureds whose premium exceeds \$500.00 per year.
- 5. Item D, Reporting Endorsements Coverage is hereby added to Section 2, Classification and/or Rating Modifications and Procedures, as follows:

D. Reporting Endorsement Coverage

The calculations for changes in exposure are performed by weighting the mature claimsmade annual rates in effect at policy issuance for each period of differing exposures. These calculations are appropriate for changes in practice specialty or changes in rating territory that would affect a calculated rate. This method can be generalized by using the following weights and formula to calculate a rate for the upcoming year.

Number of	Claims-Made Year				
years policy					
written	1	2	3	4	5+
1	100%				
2	50%	50%			
3	37.5%	37.5%	25%		
4	33 1/3%	33 1/3%	22 2/9%	11 1/9%	
5+	30%	30%	20%	10%	10%

- 1. Mature claims-made annual rate in effect at policy issuance for the current practice and territory times the sum of the weights for the claims-made years in effect.
- 2. Plus mature claims-made annual rate in effect at policy issuance for the prior practice and territory times the sum of the weights for the claims-made years in effect.

For example, if an oral surgeon had practiced oral surgery for over five years, then stopped practicing oral surgery and began to practice general dentistry at the renewal two years prior to the electing the Reporting Endorsement Coverage, the appropriate base premium for the upcoming policy period would be:

General Dentistry mature claims-made annual rate in effect at policy issuance times (30% + 30%),

Plus oral surgery mature claims-made annual rate in effect at policy issuance times (20% + 10 % + 10%)

This method is applied in a similar manner if more than one practice change occurred during the previous four years. The components are pro-rated if the change occurred at a date other than the policy anniversary date.